

# THE INTEGRATION OF TRAINABLE MENTALLY HANDICAPPED STUDENTS

A study guide to the third program in the ACCESS television inservice series  
*ONE GIANT STEP: The Integration of Children With Special Needs*





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*ONE GIANT STEP: The Integration of Children With Special Needs* is a ten-program, inservice series of videotapes. Each videotape has a running time of 15:00 minutes and is supplemented by a study guide. The program order numbers and titles are:

- BPN 2154   01 Introduction  
              02 The Integration of Dependent Handicapped Students  
              03 The Integration of Trainable Mentally Handicapped Students  
              04 The Integration of Educable Mentally Handicapped Students  
              05 The Integration of Learning Disabled Students  
              06 The Integration of Visually Impaired Students  
              07 The Integration of Hearing Impaired Students  
              08 The Integration of Physically Handicapped Students  
              09 The Integration of Gifted Students  
              10 The Integration of Behaviorally Disordered Students

(If you send a blank tape to the ACCESS NETWORK Media Resource Centre, there is no charge. If you prefer to buy tape from ACCESS, please send a purchase order to the Centre.)

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## PROGRAM SUMMARY

This program presents a positive, yet sensitive, view of how trainable mentally handicapped (TMH) students can be integrated into a regular school setting, as well as helped to function in their family and community environments.

Wanda, a TMH student, is shown in a special school and, later, in an integrated ECS program.

Matthew enjoys school and spends part of his time in a resource room, part in a regular classroom setting. The special-education teacher uses task analysis to break things down into simpler, achievable steps. In the classroom, he learns about acceptable behavior.

Other students are seen in a special-education high school classroom. They are taught living/vocational skills so that they can function and live independently in society. Peer support is illustrated through interaction in a psychology project.

## PROGRAM GOALS AND OBJECTIVES

This program is designed to help teachers, school administrators, parents, and others involved with the handicapped to gain background information on TMH students. It can be used as a base for effective integration of these students into the regular classroom environment.

As a result of inservice, participants will be able to:

1. define trainable mentally handicapped and identify the characteristics of TMH students in terms of:
  - a. developmental characteristics,
  - b. socio-emotional characteristics,
  - c. learning characteristics.
2. identify the relevance of the Cascade Service Delivery Model in integrating TMH students.
3. describe at least four teaching techniques that could be used in teaching TMH students in an integrated setting.
4. list and describe, in general terms, resources, support services, and programs necessary to facilitate the education and integration of TMH students.

## BACKGROUND INFORMATION FOR THE TEACHER OR WORKSHOP LEADER

The TMH student is one who is incapable of meaningful achievement in the traditional academic subjects, but can benefit from instruction in living/vocational skills. This student may require consistent and on-going supervision of all activities for life.

The major causes of this particular level of retardation include unknown prenatal influences (possibly hydrocephalus and microcephaly); chromosomal abnormalities (e.g., Down's Syndrome); infections (e.g., rubella, syphilis, Rh blood incompatibility); trauma; and metabolic and nutritional disorders (e.g., phenylketonuria and hypothyroidism).

## CHARACTERISTICS OF THE TRAINABLE MENTALLY HANDICAPPED STUDENT

The task of listing characteristics of TMH students is complicated, because as a group they are varied. The following is a list of characteristics that are representative of this level of retardation.

### 1. Developmental characteristics

- a. **Physical characteristics:** Physical appearance is not very different from that of the average child. Some have clinical conditions, such as Down's Syndrome, or organic causes of retardation, which may cause physical or multi-handicapping conditions.
- b. **Motor characteristics:** Perceptual motor skills are usually at the same level as the mental age. This may mean that motor performance lags behind that of peers. Often, there are poor perceptual skills, compounded by visual and hearing impairments.
- c. **Speech and language characteristics:** Language development often falls within the same level as mental age. Characteristics may include slow but sequential speech and language

development patterns, incomplete speech sounds, higher receptive skills than expressive skills, and little or no oral communication—perhaps no more than single words or simple phrases.

### **2. Socio-emotional characteristics**

The TMH student may lag developmentally in social skills and may have to be taught more specifically what is appropriate in social behavior. Like peers, this child will become aggressive or withdrawn if unable to, or not allowed to, express personal feelings.

### **3. Learning characteristics**

- a.** TMH students have an intelligence quotient of  $30$  to  $50 \pm 5$  on an individual test of intelligence.
- b.** They function mentally at half or less than half their chronological age, e.g., when 8 years old, performance may be that of a 4-year-old.
- c.** They are slow in the development and attainment of specific intellectual skills needed for efficient learning, e.g., the concepts of incidental learning, generalizing ability, and typical readiness skills. There are impairments and deficiencies in initial learning, transferring skills learned, and attending to tasks and learning methods, e.g., visual, auditory.
- d.** They have learning potential in the area of living/vocational skills, e.g., self-care, social, leisure, work.

Further information can be obtained by referring to the bibliography at the back of this book.

## **THE CASCADE SERVICE DELIVERY MODEL**

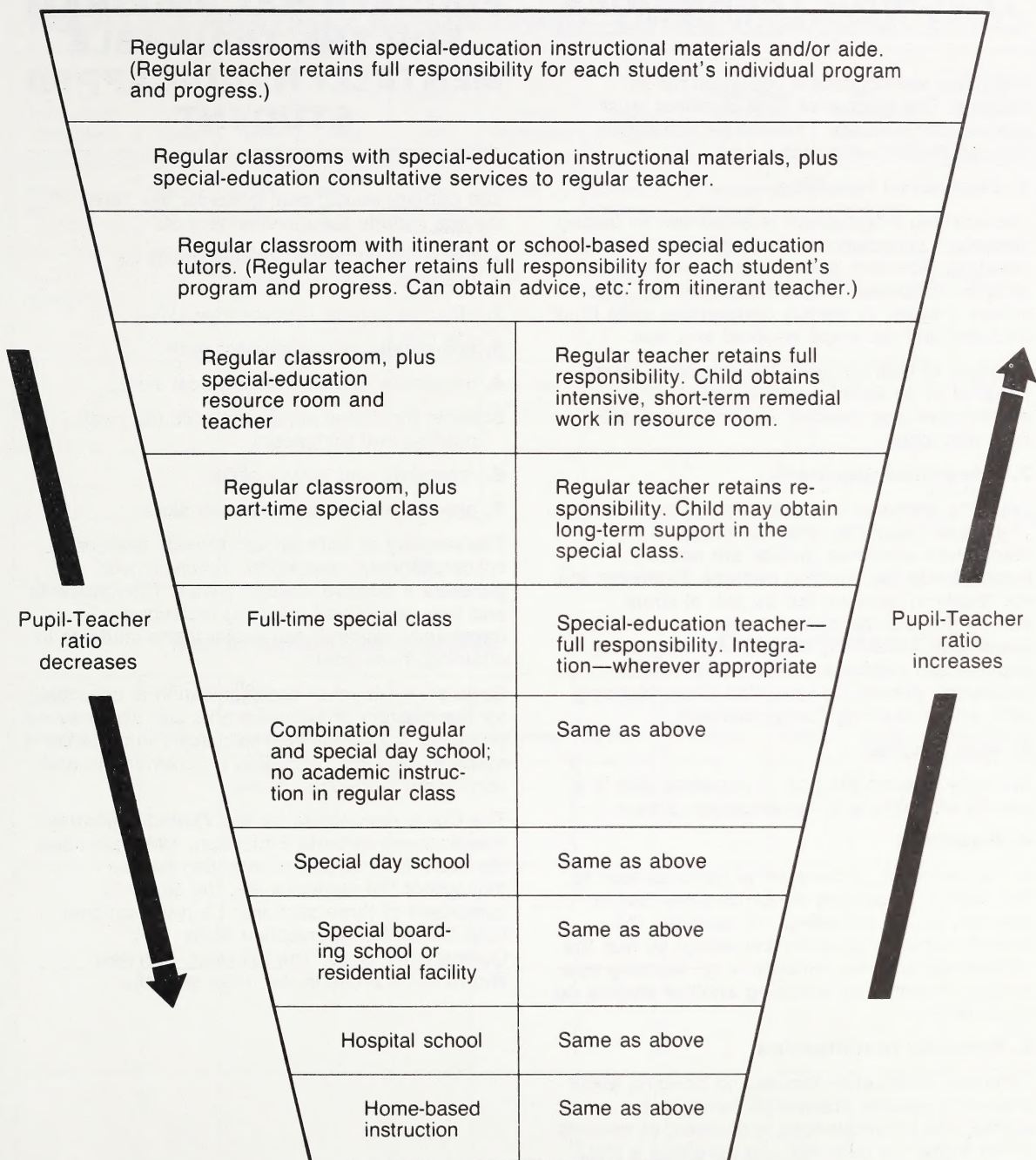
Integration is viewed along a continuum ranging from segregated institutional settings to full-time placement in regular classrooms with all the intermediate steps suggested in the Cascade Model. Each mentally handicapped student must have an educational program designed to meet individual needs, e.g., an 8-year-old child with good social skills and speech and language development could be placed in a regular classroom with assistance from an aide; a junior high student with good social and motor skills could be placed full-time in a special class with attendance in shop or other vocational classes.

The integration of these students begins, as with any child, in the very earliest years of life. Integration is most readily achieved in the early years, when the discrepancies between TMH students and peers are minimal. The TMH will begin with the peer group and go with them as far and as fast as their abilities permit.

Integration begins with a thorough preparation of staff and all those involved in the education process. Preparation should include activities designed to develop a positive attitude toward TMH students, inservice for all, flexibility, sensitive administration, and parental support.



## CASCADE SERVICE DELIVERY MODEL \*



\* Adapted from the Reynolds framework (1962)<sup>1</sup>, the Dunn model (1963)<sup>2</sup>, and the Deno cascade model of special education services<sup>3</sup>.

<sup>1</sup>Reynolds, Maynard C. "A Framework for Considering Some Issues in Special Education" in *Exceptional Children*, Vol. 28, No. 7, March 1962, p. 368.

<sup>2</sup>Dunn, Lloyd M., ed. *Exceptional Children in the Schools: Special Education in Transition*. New York: Holt, Rinehart, Winston, 1963, p. 37.

<sup>3</sup>Deno, Evelyn. "Special Education as Developmental Capital" in *Exceptional Children*, Vol. 37, No. 3, November, 1970, p. 235.

## TEACHING TECHNIQUES

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A positive self-concept is important for all children. The teacher of TMH students *must program for success*. This can be achieved through the following techniques.

### 1. Structured teaching

The learning environment is enhanced by basing classroom expectancies on consistency and structure. Activities are broken down into smaller units or component steps (task analysis). This makes it easier to identify prerequisite skills (task analysis) and the steps involved in a task.

Example of task analysis: the simplified steps required to tie shoes would include lacing, making one loop, making a second loop, tying knot with loops.

### 2. Integrated approach

Learning becomes more meaningful by providing "hands-on" activities whereby students manipulate, construct, and/or are actively involved with the learning material. Concepts are not taught in isolation but as part of some activity that can be related to several curriculum areas, e.g., an activity such as building a toy airplane can reinforce such skills as vehicle knowledge (travel), co-operation (understanding self), and measuring (computation).

### 3. Role playing

Students assume the part of someone else in a real-life situation, e.g., an employer, parent.

### 4. Modelling

In this approach, a behavior is demonstrated to the student by actually performing the task in question (visual modelling), or speaking the correct response (auditory modelling) so that the student will learn by imitation, e.g., learning how to use a hammer by watching another student do so correctly.

### 5. Behavior modification

Behavior modification focuses on bringing about change in specific observable behavior by altering the consequences, outcomes, or rewards which follow the behavior, e.g., praising a child for co-operative play.

## EDUCATIONAL PROGRAM FOR THE TRAINABLE MENTALLY HANDICAPPED STUDENT

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The primary educational goals for the TMH student include the development of:

1. the ability to live as independently as possible.
2. effective expressive/receptive skills.
3. appropriate social-behavior skills.
4. perceptual, motor, and physical skills.
5. some functional academic skills (survival reading and arithmetic).
6. recreation and leisure skills.
7. pre-vocational and vocational skills.

The mastery of skills should provide feelings of accomplishment and worth. Teachers who generate a positive attitude toward TMH students and use specialized teaching techniques (previously outlined) can assist these students in attaining these goals.

Good parent-teacher communication is essential for the mastery of skills. Parents can assist by providing the school with necessary information about the student, providing program input, and reinforcing learning at home.

The *Curriculum Guide for the Trainable Mentally Handicapped* (Alberta Education, 1981) provides the basis for instruction. Intended for use throughout the student's life, the *Guide* is comprised of three sections: Living/Vocational (L/V) Skills, Communication Skills, and Computation Skills. The following overview shows some areas in the three sections.



## TRAINABLE MENTALLY HANDICAPPED—LIVING/VOCATIONAL SKILLS

Understanding Self and Getting Along With Others	Travel	Health	Safety	World of Work	Home Management	Money Management	Motor Development and Physical Activities	Fine Arts and Individual Expression	Citizenship and Individual Responsibility
Knowledge of self	Ways to travel	Nutrition	Home and school	Specific and allied work skills	Clothing	Earning money	Fundamentals of movement	Crafts, hobbies, and activities	At home
Social relationships	Travel skills	Personal care	Community	Career planning and awareness	Food	Spending money	Games and activities	Music	At school
		Community health services	Recreation	Finding a job	Maintaining a home	Saving and borrowing	Social skills related to games and activities	Drama	In the community
				Keeping a job				Recreation	Environmental education
				Worker's rights					

### Communications Skills

Receptive Communication (Listening)	Viewing	Expressive Communication (Speaking/Non-verbal)	Functional Reading	Handwriting	Spelling

### Computation Skills

Shapes and Positionals	Numbers	Operations	Measurement
			Money
			Time
			Calendar
			Temperature
			Weights and Measures



# SERVICES FOR THE TRAINABLE MENTALLY HANDICAPPED

## INSTITUTION OR AGENCY

Alberta Association for the Mentally Handicapped  
11728 Kingsway, Edmonton, Alta.

Phone: 451-3055

(local associations are in many centres)

Government of Alberta: contact either Services for the Handicapped or Social Services and Community Health for the addresses of branch offices.

Vocational and Rehabilitation Research Institute  
3304 - 33 Street N.W., Calgary, Alta.

Phone: 284-1121

Western Industrial Research and Training Centre  
13325 St. Albert Trail, Edmonton, Alta.

Phone: 454-9656

Alberta Children's Hospital

1820 Richmond Road S.W., Calgary, Alta.

Phone: 245-7211

Glenrose Hospital

10230 - 111 Avenue, Edmonton, Alta.

Phone: 471-2662

## ALBERTA EDUCATION REGIONAL OFFICES:

Calgary Regional Office

615 Macleod Trail S.E., Calgary, Alta.

Phone: 261-6353

Edmonton Regional Office

Edwards Building

10053 - 111 Street, Edmonton, Alta.

Phone: 427-2952

Lethbridge Regional Office

200 - 5 Avenue South, Lethbridge, Alta.

Phone: 329-5243

Red Deer Regional Office

3rd Floor, West, Provincial Bldg.

4920 - 51 Street, Red Deer, Alta.

Phone: 343-5262

Grande Prairie Regional Office

10014 - 99 Street, Grande Prairie, Alta.

Phone: 539-2130

## SERVICES PROVIDED

Integration; financial support and funding; recreational activities, general information

Residence; support services

Vocational-occupational training; assessment; research; residence.

Occupational training; sheltered workshop; research

Medical/therapeutic

Program consultation

Psychological services (school boards, private practitioners, universities, hospitals)

Speech pathologists (Public Health Units, school boards, hospitals such as Alberta Children's and Glenrose).

Testing; remedial treatment; counselling

Speech and language disorders.

## PREVIEWING QUESTIONS

These questions are designed to allow participants to explore their feelings toward TMH students. For maximum benefit, it is suggested that participants discuss one or more questions in small group settings, then share their ideas at the class level.

1. Would you rather be mentally handicapped or deaf? Which handicap would you fear most? Why?
2. Your neighbor's son is trainable mentally handicapped. Your own children tease him. What should you do?
3. A mentally handicapped child has been enrolled part-time in your classroom. How do you feel about this?
4. You are in a position to hire a mentally handicapped person or a tradesman for a job. Whom would you hire if both persons were equally qualified? Why?

## PREVIEWING ACTIVITIES

These activities are intended to allow participants to become aware of what some mental handicaps are like, to become aware of some of the problems encountered by the trainable mentally handicapped, and how to overcome some of these problems.

To facilitate the effectiveness of the following simulations, it is necessary that the workshop leader be familiar with the activities beforehand. In addition, participants should be organized into small groups and rotated through each of the activities.

### 1. Mirror Writing

Many TMH students have perceptual difficulties. They often experience great frustration when attempting to copy, write, or do manual tasks, such as tying shoe laces.

**Materials required:** pencils and paper; pocket mirrors; design sheets (Handout #1).

**Activity:** Have participants line up their mirror on the top edge of each design sheet. Ask them to look through the mirror and trace the shapes with the non-dominant hand.

A variation is to dictate a sequence of letters—including an address—or numbers and have participants write these using the non-dominant hand.

**Invite participants to discuss the following:**

How did you feel when your hand didn't seem to go where you wanted it to go?

How did you feel after you checked the address?

How could you overcome these problems?

### 2. Pardon Me!

TMH students may have difficulty expressing themselves orally due to speech and language disorders. Because we have difficulty understanding them, we often become indiscriminate listeners, or do not encourage spoken language.

#### SAMPLE INDEX CARD: ACTIVITY 2

##### 1. Average Speaker

Sometimes I get so frustrated I could throw something.  
Everyone misunderstands what I say!

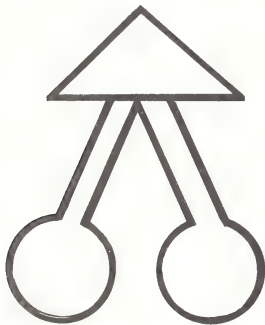
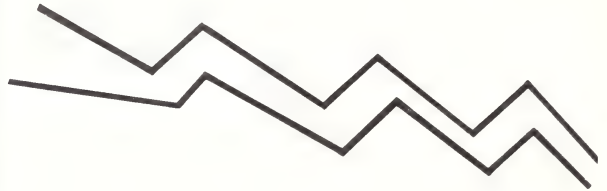
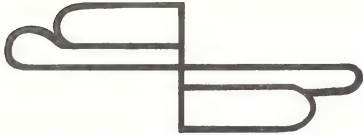
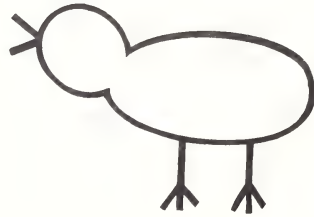
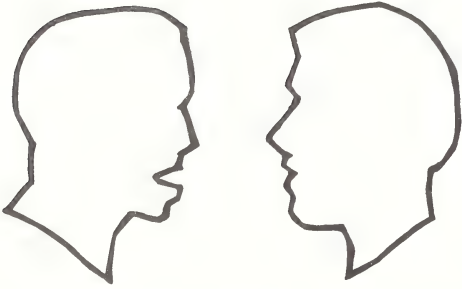
##### 2. Articulation Disorder

a) Me mad. Throw things. Talk, feel, hurt, sad. Not know say words.

b) Time I get so frusted. Cause me mad. No one stands me.

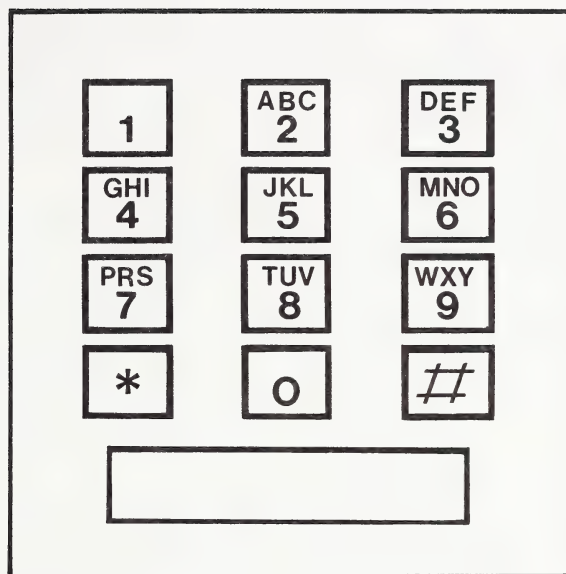
# HANDOUT 1

## MIRROR WRITING

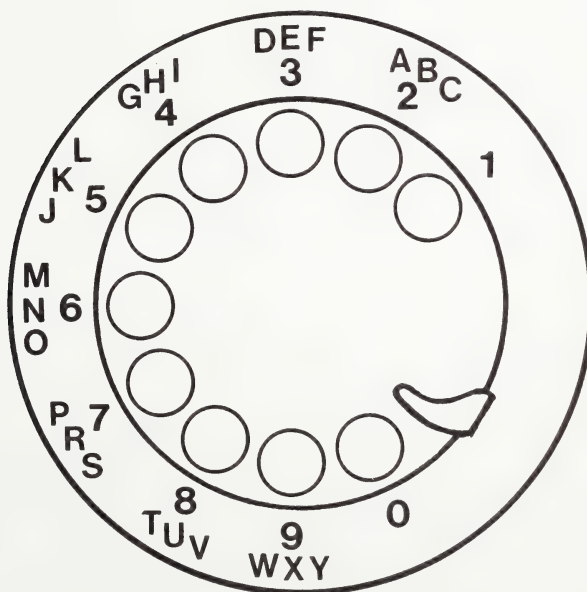




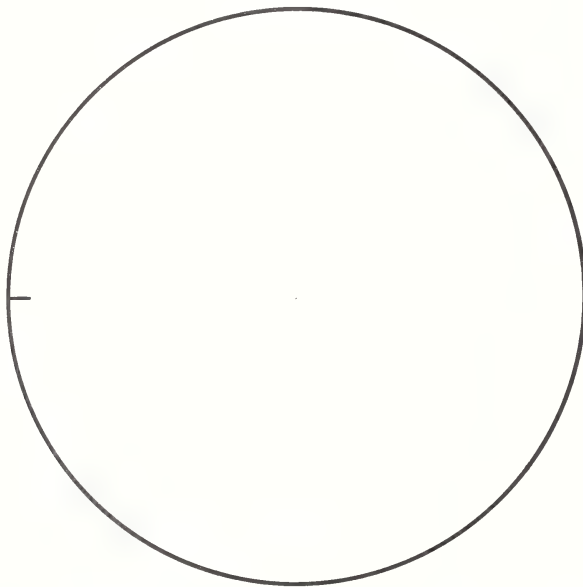
## SOMETHING PRACTICAL



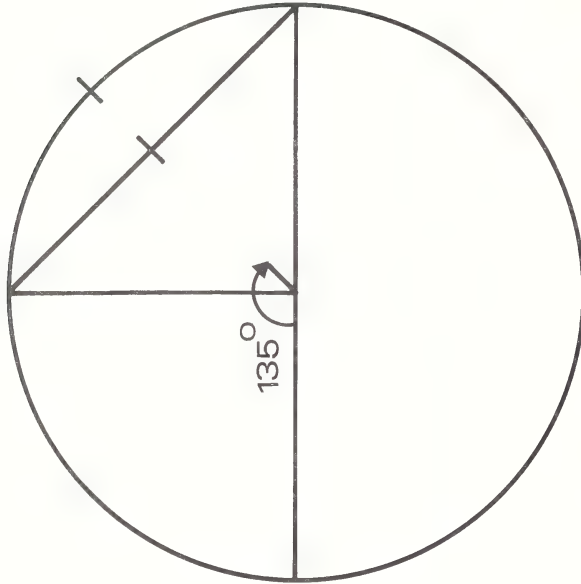
COMPLETED HANDOUT 2



SUPPLEMENTARY HANDOUT 2

**FOLLOWING DIRECTIONS**

HANDOUT 3



COMPLETED HANDOUT 4

**Materials required:** index card (sample provided on p. 7) describing a particular speech impediment. (One per participant).

**Activity:** Each participant reads the card in turn.

**Invite participants to discuss the following:**

How did you feel when you had read your card?

How could you overcome this problem?

### 3. Something Practical

We all take for granted the things we do daily, but many TMH students do not transfer skills learned in one setting to a new situation. When teaching skills, materials from the student's environment should be used.

**Materials required:** paper and pencils; drawing of correct punch-button phone dial (completed Handout #2 on page 9) and circular telephone dial (Supplementary Handout #2 on page 9), one per participant.

**Activity:** Ask participants to draw the face of a punch-button phone dial. Tell them to indicate the correct number of punch buttons, and the correct letter-numerology on each button. Then distribute Handout #2.

**Invite participants to discuss the following:**

How did you feel about the activity?

Compare the difference between the punch-button dial and the circular-type dial. (Supplementary Handout #2).

### 4. Following Instructions

People who are mentally handicapped often have difficulty following instructions for a number of reasons: the pace is too fast for them; they do not understand what they are being asked to do; or too many instructions are given.

**Materials required:** pencils; metric rulers; sheet with circle design (Handout #3) and the completed handout (Handout #4) on page 10, one per participant.

**Activity:** Distribute Handout #3, rulers and pencils. Read out loud the following instructions, slowly but with increasing speed. (*Warn participants that you will not answer questions or repeat the instructions.*)

Match the '0' end of your ruler with the left-hand mark on the circle. Measure and mark the diameter, then divide in half, and mark this midpoint on your diagram. Now rotate your paper to the right through 90°. Starting at the midpoint of your diameter (centre of the circle), line up

your ruler and mark the radius. Make a triangle by joining the radii extending from the centre of the circle. Find the midpoint of this line, mark it, and extend it to the circumference line. Mark the 135° angle you have made.

Then have participants compare their work with the completed handout.

**Invite participants to discuss the following:**

How did you feel after this activity?

How could you overcome your problems?

### 5. Managing Your Money

Living skills are important for independent living. One such skill is handling money. Many TMH students experience great frustration with such tasks as pricing items and purchasing because they often lack the numbers knowledge necessary to understanding the concept of money.

**Materials required:** objects that are easily purchased (1 per group), e.g., ball, orange, toy, tape; poker chips—3 red, 3 white, 3 blue per group; paper and pencils.

**Activity:** Distribute the materials to each group and give them the following instructions:

The "price" of your item is 8 of your poker chips. Decide the value of your "currency" (poker chips) so that only 8 (any combination) are used. Each color must have a different value.

**Invite participants to discuss the following:**

How did you feel about this activity?

Would the activity have been less frustrating if you had known the price of the item or the value of the currency (poker chips)? Why or why not?

## POST-VIEWING QUESTIONS

These questions are designed to reinforce program goals. The questions can be directed either to the total audience or to small groups.

1. What do Wanda and Matthew have in common with their classmates? How do you perceive this will change as they grow older?
2. How do Wanda and Matthew benefit from being with their non-handicapped peers?





3. How can you benefit from contact with the mentally handicapped?
4. You are in a position to accept a TMH student in your school program. What do you feel are the major obstacles to integration? How could you overcome these obstacles?
5. Describe one teaching strategy designed to optimize a learning situation for a TMH student.
6. Your neighbor's son is mentally handicapped. He wants to join the Beavers (or some such community group) of which you are in charge. What obstacles would need to be overcome to make his integration into the group a successful experience?

## POST-VIEWING ACTIVITIES

These activities are designed to give participants practical suggestions on how to "program for success" when in a learning situation with the TMH student, e.g., home, school, community.

### 1. Break It Down

If class members participated in Previewing Activity #4, they would have experienced great frustration following the instructions, much as a mentally handicapped person would when given fewer, simpler instructions. The following exercise is intended to familiarize participants with "task analysis", a procedure whereby an activity is broken down into smaller components.

**Materials required:** pencils; task-analysis sheet (Handout #5 on page 12).

**Activity:** Organize the participants into small groups. Ask participants, singly or in pairs, to select a simple task, such as making a sandwich, or using a simple appliance, then have them fill out the Key Steps column. Have them share their responses, in turn, with others in the group.

A variation is to have participants complete all columns in the handout. They could list the tools/equipment required, possible hazards, and safety precautions.

### 2. I Am Special

It is important for all children to develop a positive self-concept. Because the mentally handicapped do not learn as quickly as their peers, we often become easily frustrated with

them and do not allow them to participate with others on an equal basis. The "I Am Special" exercise will give participants the opportunity to re-examine their class/ home environments and discover ways in which to develop success experiences for the TMH.

**Materials required:** paper and pencils.

**Activity:** Organize the participants into small groups. Hand out the materials and ask each group to brainstorm and list ways to include TMH students in classroom play activities that will make them "feel special."

Have each group explain its list to the other groups.

A variation is to ask what would enhance the self-concept of *all* students in the classroom or the children in participants' families.

### 3. What Is A Handicap?

Everyone has some kind of handicap, visible or otherwise. There are many stereotypes associated with the word "handicapped." The following simulation will give participants an opportunity to view handicapped persons as individuals.

**Materials required:** newsprint; felt pens; the numbers 1 - 10 (taped on a wall at large intervals).

**Activity:** Organize the participants into small groups and have them define the word "handicap." Then write the definitions on the blackboard for everyone to see.

Have participants stand in the middle of the room and tell them what a normal, non-handicapped group they make. Then direct them as follows:

Everyone wearing eyeglasses to "Location #1."

Everyone who is left-handed to "Location #2."

Everyone who failed one grade to #3.

Everyone who cannot ski to #4.

Everyone who cannot walk 5 kilometres in an hour to #5.

Everyone who cannot make bread to #6.

Everyone who cannot read Chinese to #7.

Everyone who has not had a baby to #8.

Everyone who does not know how to drive a car with a standard transmission to #9.

Everyone who is not overweight to #10.

**Ask participants to discuss the following:**

Does your definition of "handicap" still hold true?

How do you like feeling handicapped?

#### 4. I Can Learn, Too!

TMH students often need specialized instructional techniques and materials in order to learn alongside their peers. This activity will give participants an insight into some of these techniques and give them some practical ideas to implement in their classrooms, or at home.

**Materials required:** paper and pencils; task cards (one per group).

**Activity:** Organize the participants into small groups. Hand out task cards and ask the groups to brainstorm and list ways of adapting their instruction techniques/materials for TMH students.

Have the groups share their ideas with the entire audience.

##### TASK CARD

Michael loves mathematics. When he does worksheets, he makes many mistakes and does not complete his work. How could you change his materials so that he can experience success?

##### TASK CARD

Marie is restless and cannot seem to stay at her desk. She often wanders around the room when her teacher is giving a group lesson. How can instruction be changed to make learning more meaningful for Marie?



**TASK CARD**

You are teaching modes of transportation in the classroom. Most students read to gain information. How could you make this learning more experiential for all your students? (Keep in mind your TMH students will benefit from real life as well as classroom learning.)

**TASK CARD**

You are forever insisting that work be completed accurately and efficiently. What can you do to improve these particular skills? (Assume that these tasks are not too difficult.)

**Ask participants to discuss the following:**

How did you feel about this activity?

What services or support systems would better prepare you to undertake this task?

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## GLOSSARY

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**chronological age.** The actual age of an individual.

**developmental characteristics.**

Distinguishing traits that are indicative of usual development.

**Down's syndrome.** A condition characterized by physical and intellectual disorders that often result from chromosomal abnormalities.

**expressive language.** The language one uses when talking.

**generalizing ability.** The ability to synthesize new data into already existing schemata.

**hydrocephalus.** An abnormal increase in the amount of cerebrospinal fluid within the cranial cavity, which is accompanied by expansion of the cerebral ventricles, enlargement of the skull and forehead, and atrophy of the brain.

**hypothyroidism.** Deficient activity of the thyroid gland, with a resulting lowered metabolic rate and general loss of vigor.

**incidental learning.** Learning that occurs merely by chance, without intention or calculation by the teacher or learner.

**intelligence quotient.** A number used to express the apparent relative intelligence of a person, determined by dividing mental age, as reported on a standardized test, by chronological age and multiplying by 100.

**interpersonal skills.** The skills one needs to communicate and interact effectively with other people.

**mental age.** A converted score of a person's achievement on an intellectual ability test, expressed in terms of years, months, and days, and reflecting the chronological age of a group for which that score is average.

**microcephaly.** A condition of abnormal smallness of the head associated with mental defects.

**occupational therapist.** Person qualified to aid the rehabilitation of people through physical exercise and creative activity.

**perceptual motor skills.** Skills that require the combined functioning of sense, perceptual, and motor mechanisms.

**phenylketonuria.** A metabolic disorder due to a defect in, or absence of, an enzyme that facilitates the utilization of phenylalanine, an amino acid in protein-rich food. If not treated by dietary means, mental retardation results.

**physiotherapist.** Person qualified to give therapy in posture and locomotor skills and, in conjunction with other medical personnel, determines the need for supportive devices to assist in ambulation or to prevent deformities.

**positive self-concept.** An individual's realistic or affirmative perception of his/her role in a particular situation at a particular time.

**receptive language.** The language of others we receive and understand.

**rubella.** German measles.

**speech pathologist.** Person qualified to assess, diagnose, and remedy communicative disorders involving voice, articulation, and fluency.

**socio-emotional characteristics.** Levels of personal, interpersonal, and emotional development.

**syphilis.** A contagious, venereal disease, caused by a spirochete and characterized by distinct clinical changes in three stages over many years.

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# REFERENCES FOR WORKSHOP LEADERS AND TEACHERS

## 1. Acceptance of the Handicapped

Ball, Geraldine, and Uvaldo, Palomares. *Human Development Program: Magic Circle—An Overview of the Human Development Program*. La Mesa, Calif.: Human Development Training Institute, 1974.

This kit provides affective educational experience for students. It gives them opportunities to become involved in developing their own personal effectiveness, self-confidence, and understanding of the dynamics of inter-personal relationships.

Bookbinder, Susan R. *Mainstreaming*. Boston, Mass.: The Exceptional Parent Press, 1978.

A program for educating children and adults alike about disabilities, with emphasis on the acceptance of differences. The book also suggests activities and resource aids.

Cohen, Shirley, *et al.* *Accepting Individual Differences*. Niles, Ill.: Developmental Learning Materials, 1977.

This kit contains five booklets and four large picture books. The purpose of the kit is to give children a better understanding of what mental and physical handicaps involve, lead them to a greater acceptance of handicapped people, and increase helping behavior.

P.A.T.H. (*Positive Attitudes Toward The Handicapped*). Calgary, Alta.: Regional Resource Service, Alberta Education, 1978.

This kit contains a variety of materials that encourage a more positive attitude toward, and understanding of, handicapped people. It includes simulation activities and reference materials.

Needham, Francis, *ed.* *Approaches to Mainstreaming: Unit 2*. Sioux Falls, S.D.: Teaching Resources Corp., 1977.

A series of filmstrips and corresponding cassettes that focuses on selecting and adapting materials, and also modifies and evaluates instruction to meet particular students needs.

Ravosa, Carmino C., *et al.* *Put On A Handicap*. Long Branch, N.J.: Kimbo Educational, 1979.

An aid, in record form, to prepare a class for mainstreaming. It gives children the opportunity to experience handicapping conditions by simulation and role-playing.

Ward, Michael J. *et al.* *Everybody Counts! A Workshop Manual to Increase Awareness of Handicapped People*. Reston, Va.: Council for Exceptional Children, 1979.

The booklet and corresponding tape are designed to help people develop positive attitudes toward the handicapped.

## 2. General References

Anderson, Daniel R., *et al.* *Instructional Programming for the Handicapped Student*. Springfield, Ill.: Charles C. Thomas, 1977.

A manual outlining training procedures for a wide variety of tasks, including dressing, cleanliness, eating, motor skills, etc.

Bender, Michael; Valletutti, Peter J.; and Bender, B. *Teaching the Moderately and Severely Handicapped, Volumes I, II, and III. Behavior, Self-Care and Motor Skills*. Baltimore, Md.: University Park Press, 1976.

This is an extensive curriculum guide for teaching the mentally retarded, the autistic, the cerebral palsied, the multi-handicapped, and other developmentally disabled persons. Target behaviors are stated, and teaching strategies and reinforcement schedules are described. A list of useful books and films is also included.

Bluma, S.M. *Portage Guide to Early Education*, revised edition. Portage, Wisc.: Cooperative Educational Service Agency, 1976.

A guide for teachers, aides, nurses, parents, and others who need to assess a child's behavior and plan realistic goals. The kit contains a manual, checklist, and card file that aids in assessing behavior, and also provides teaching techniques. It is designed for use with children with mental ages of up to six years (normal preschool or preschool with handicaps).

Canfield, Jack, and Harold C. Wells. *100 Ways to Enhance Self-Concept in the Classroom*. Scarborough, Ont.: Prentice-Hall of Canada Ltd., 1976.

A practical text containing techniques designed to enhance one's sense of identity and self-esteem. These techniques have been classroom tested at all levels from kindergarten through college.



Croft, Noel B. *Project Vision-Up Curriculum—A Training Program for Preschool Handicapped Children*. Washington, D.C.: U.S. Department of Health, Education and Welfare, 1976.

A curriculum program kit based on the idea that children with and without handicaps appear to follow much the same general patterns of development.

Fredericks, H.D. Bud, *et al.* *The Teaching Research Curriculum for the Moderately and Severely Handicapped*. Springfield, Ill.: Charles C. Thomas, 1976.

This text provides teachers and parents of the moderately and severely retarded with a complete set of detailed task analyses. The curriculum areas for which task analyses are presented include the following skills: self-help; receptive language; expressive language; motor; reading; writing; and cognitive.

Kirk, Samuel A. *Educating Exceptional Children*. Markham, Ont.: Houghton Mifflin Canada Ltd., 1972.

An interesting textbook that discusses and describes special education.

Koch, Richard, *et al.* *Down's Syndrome (Mongolism, Research, Prevention & Management)*. New York, N.Y.: Brunner/Mazel Inc., 1975.

A synthesis of research, guidelines, and programs. The book assesses some of the recent research, prevention of, and management developments in Down's Syndrome.

Linde, Thomas F., and Kopp, Thushelda. *Training Retarded Babies and Preschoolers*. Springfield, Ill.: Charles C. Thomas, 1973.

The purpose of the book is to provide parents, and those who work with them, with ideas and concrete ways of helping the retarded baby and preschooler.

Litton, Freddie. *Education of the Trainable Mentally Retarded: Curriculum, Methods, Materials*. St. Louis, Mo.: The C.V. Mosby Company, 1978.

A text for teachers in training that presents methods and materials useful in teaching about trainable mentally handicapped children.

Molloy, Julia S. *Trainable Children: Curriculum and Procedure*. New York, N.Y.: John Day Co., 1972.

An extensive handbook that gives teaching methods and activity suggestions to aid the trainable mentally retarded.

Schiefelbusch, Richard L., *ed.* *Language Intervention Strategies*, vol. 2. Baltimore, Md.: University Park Press, 1978.

This volume deals with examples of programmatic applications for a range of language-delayed and language-impaired individuals.

*Trainable Mentally Handicapped Curriculum Guide*. Calgary, Alta.: Alberta Education, 1982.

Outlines topics of instruction, along with suggested teaching strategies and materials.

Watkinson, Jamie, *et al.* *PREP: Preschool Play Program for Retarded Children*. Edmonton, Alta.: Alberta Social Services and Community Health, 1979.

A program designed to develop the motor and cognitive skills that are greatly facilitated by play.

White, C.S.; Minor, J.W.; and Connolly, B. *eds.* *A Comprehensive Handbook for Management of Children with Developmental Disabilities*. Memphis, Tenn.: University of Tennessee Center for Health Services, Child Development Center, 1977.

This book relates the basic principles of teaching the developmentally handicapped child so that they are understandable to parents, students, direct care staff, and teachers. It discusses abnormal conditions such as the spastic and hypotonic child from occupational and physical therapy points-of-view. Behavior-modification principles are applied to special behavior problems such as hyperactivity, autism and seizures. Developmental and behavioral aspects of self-help skills of feeding, toileting, and dressing are presented in very precise terms.

## GETTING THE MOST FROM A VIDEO PRESENTATION

An educational television program can be an effective and stimulating learning resource. Because of its ability to convey information and meaning through scenes and sounds, television is one of the most effective classroom tools at your disposal. In addition, support materials are available for a number of ACCESS NETWORK programs. Many of these materials—which include student teacher guides and manuals, slides, transparencies, filmstrips, posters, etc.—contain suggestions for previewing and post-viewing activities.

Many teachers have found that the effectiveness of video programming can be enhanced in the following ways:

1. Use the **stop** and **pause** buttons frequently to highlight program segments. This will help break the passive viewing habit created in students by commercial TV and focus their attention on your purpose for showing the program(s).
2. Use the **counter** to prepare for the viewing session. Set it to zero at the start of a program. This will help pinpoint the location of segments to be reviewed later. You can then create a **log** by jotting down the counter numbers that correspond to important segments.
3. Be specific about viewing objectives **before** showing the program. Students will be able to focus their attention better if they are aware of what to look for in a videotape. Prepare a list of guideline questions on the blackboard or on photocopied handouts. (Be sure to cover all of the questions in post-viewing activity.)
4. Since educational television programs generally include more material than can be digested in a single viewing, show the program in its entirety once and then, after clarifying vocabulary difficulties and reviewing specific learning objectives, show selected portions a second, even a third, time. Again, the stop and pause buttons can be used to allow students to take notes—or focus attention on a particular item of importance.
5. Television programs consist of **both** audio and video signals, and viewers often need to be stimulated in order to derive maximum information from both. During the second viewing of a program segment, you can stimulate the development of viewing and listening skills by showing the picture but turning off the sound and asking for recall of audio information. Alternatively, leave the sound on but eliminate the picture.
6. Both for viewing comfort and for note-taking convenience, TV should not be viewed in a dark room. However, light can also be a problem, so the television set should be located to avoid window reflection on the screen. To eliminate ceiling-light reflection, tilt the set forward slightly.
7. Ensure that all students have a clear line of sight to the set. If necessary, alter seating arrangements to give every student a satisfactory view of the screen.
8. Adjust the controls of the TV set to ensure good color balance, adequate brightness, and contrast.
9. In some cases, it is useful to have tapes and equipment available for independent viewing by individual students.

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